

MINUTES
HEALTH STRATEGIES COUNCIL

2 Peachtree Street, Suite 34.262

Atlanta, Georgia 30303-3159

Friday, February 15, 2002

12:30 pm – 2:30 pm ■ Conference Room 3A&B, 7th Floor

Daniel W. Rahn, M.D., Chair, Presiding

MEMBERS PRESENT

William G. Baker, Jr., MD
Honorable Glenda M. Battle, RN, BSN
Harve R. Bauguess
David Bedell, DVM
Edward J. Bonn
Elizabeth P. Brock
Tary Brown
W. Clay Campbell
Nelson B. Conger, DMD
Katie B. Foster
Charlene M. Hanson, Ed.D., FNP
Sonia Kuniarsky
Reverend Ike E. Mack
Felix Maher, DMD
Julia L. Mikell, MD
James G. Peak
Honorable Evelyn Turner Pugh
Raymer Martin Sale, Jr.
Tobyanne D. Sidman
Catherine Slade
Oscar S. Spivey, MD
Tracy M. Strickland
Kurt M. Stuenkel
David M. Williams, MD

GUESTS PRESENT

Sammie L. Battle, Resident, Decatur County
Charlotte W. Bedell, Tift County Commissioner
Hal Cohill, PET Imaging Center of Atlanta
Joy Davis, Phoebe Putney Health System
Nelda Greene, Georgia Dental Association
Daphne Kennebrew, Atlanta Technical College
Kevin Rowley, St. Francis Hospital
Rebecca Ryles, Omni Resource Group
Temple Sellers, Georgia Hospital Association

MEMBERS ABSENT

Anthony J. Braswell
Katherine L. Wetherbee

STAFF PRESENT

Valerie Hepburn
Mathew Jarrard
Jamillah McDaniel
Gary B. Redding, DCH, Commissioner
Ben Robinson
Clyde L. Reese, III, Esq.
Stephanie Taylor

CALL TO ORDER

The new members of the Health Strategies Council (Council) were sworn-in by Governor Barnes at 9:30 am at the state capitol. Division of Health Planning staff conducted an orientation meeting following the swearing-in ceremony at the 2 Peachtree Street building. Dr. Daniel Rahn, Chair of the Council, called the official meeting of the Council to order at 12:40 p.m. He then called on Commissioner Gary Redding to provide a welcome address and an overview of the Department of Community Health (Department).

WELCOME AND DEPARTMENT OVERVIEW

Because Clyde Reese had provided a general overview of the Department at the Council's orientation session, which preceded the Council meeting, Commissioner Redding welcomed Council members and thanked each member for his or her service on the Council. He provided an update on some of the Department's activities. He told members that the Department is continuing to evolve and some reorganization will occur in the near future. He said that the demands of the legislative session are presenting the greatest challenge to the department at this time. Commissioner Redding discussed challenges and issues related to this year's budget process.

Commissioner Redding mentioned that a systems implementation project is a major Departmental initiative. At present, the Department operates different platforms for claims processing and data management of its four health plans (State Health Benefits Plan, PeachCare for Kids, Medicaid and Board of Regents). The Department is embarking on a consolidation process that will streamline the claims processing and data management functions to achieve administrative efficiencies, including reducing the burden on providers and increasing medical management capabilities. The Department has committed significant resources to this process. Each health benefit program will be launched separately. Both PeachCare and Medicaid are scheduled to be launched on October 1, 2002, while the State Health Benefits Plan is expected to be launched on July 1, 2003, and the Board of Regents on January 1, 2004. Commissioner Redding provided an open invitation to Council members to contact him with suggestions and recommendations.

Following Commissioner Redding's presentation, Mr. Stuenkel asked a question about trauma center designation and financing. He noted that some hospitals are manipulating the trauma center designation to send those with little or no resources to trauma centers. He further suggested that the compensation to treat many of these trauma patients is inadequate. Commissioner Redding noted that while the trauma designation issue is not one that is handled by the Department of Community Health, he has a good relationship with the management team within the Department of Human Resources (the agency charged with handling this designation) and he expects to speak with Commissioner Jim Martin about this matter. Edward Bonn agreed that there are some serious issues surrounding trauma center designation and reimbursement. Commissioner Redding indicated that he hoped to address reimbursement issues and encouraged Mr. Stuenkel and Mr. Bonn to provide any suggestions.

INTRODUCTIONS AND SPECIAL RECOGNITION

Health Strategies Council members introduced themselves. Dr. Rahn called on Elizabeth Brock to present a gift to Dr. Francis Tedesco, the outgoing Chair of the Health Strategies Council. Ms. Brock thanked Dr. Tedesco for his many years of exemplary leadership and for his insight into many of the issues that have been discussed during his time with the Council. She said that the Council was fortunate to have benefited from his expertise and wisdom. Dr. Tedesco in turn thanked the Council for the opportunity to serve. He

said that he enjoyed the many personal and professional friendships that have developed over the years and felt a great reward because of the direct impact the policy recommendations from the Council have made on the citizens of the state. He encouraged members to consider the well-being of all Georgians during their deliberations and he expressed great appreciation and admiration to the staff of the Division of Health Planning for their planning, coordination and supportive efforts to the Council.

REVIEW AND APPROVAL OF MINUTES

A motion to accept the minutes of the November 16th meeting was made by James Peak, seconded by Clay Campbell.

REPORT FROM HIGH-END DIAGNOSTIC EQUIPMENT TECHNICAL ADVISORY COMMITTEE (PET TAC)

Mr. Stuenkel reported that the Health Strategies Council at their November 16th meeting authorized the PET TAC. Membership on the TAC included clinical experts, payors, providers and other interested parties. They held three meetings. Members examined different state methodologies, reviewed recent literature, listened to expert presentations, examined emerging trends in the imaging industry, examined the benefits of mobile providers, studied other relevant data and materials and considered issues related to quality and continuity of care as well as the importance of integrating high-end diagnostic services with necessary research, referral and treatment services. He noted that TAC members have recommended that, due to the evolution of the PET technology, the committee should be reconvened in two years to be sure that the recommended rules are not stifling growth and innovation in the imaging industry.

Ms. Slade asked Valerie Hepburn to outline the basic differences between the component plan and rules. Ms. Hepburn noted that the plan outlines the rationale for the key review considerations, whereas the rules are the documents that provide the basis for Certificate of Need (CON) review.

Mr. Stuenkel called on Ms. Hepburn to explain the proposed need methodology for PET services. Ms. Hepburn noted that the mathematical formula incorporates several factors: population, cancer incidence rate (incidence of cancer that would benefit from PET) and an additional weight to account for emerging need in the aging population and cardiovascular disease incidence rates.

Ms. Hepburn noted that the major applications for PET technology are in the areas of oncology, cardiology and neurology; however at this time it is principally used in the area of oncology. Increased utilization in the area of dementia is likely in the future. To accommodate for the use of this equipment to provide care to non-oncology patients and follow-up scans for oncology patients a factor of 1.5 has been used as a multiplier into the need methodology. Ms. Hepburn noted that the committee conducted a nationwide review of CON guidelines for PET services. This review revealed that minimum thresholds range from 750 to 2100 scans per year and the utilization threshold for expansion of services range from 900-5,000 scans per year. The committee felt that an optimal utilization standard of 1,500 scans per year would be appropriate for the State of Georgia regardless of whether the diagnostic equipment is a standalone PET scanner or includes a CT component since no extra time or resources are needed to perform PET/CT scan versus a solo PET scan. The specific steps to calculate the need methodology can be found in the draft PET component plan and appears below:

- ❑ Calculate the projected incidence of cancer for each county by multiplying the most recent Cancer Incidence Rate for each county by the horizon year population for the county;

- ❑ Multiply the projected incidence of cancer by 50% to determine the projected number of patients diagnosed with cancer who might benefit from a scan;
- ❑ Add the number of cancer cases that might benefit from a scan for each county within a Health Planning Area (HPA) to determine the estimated need for services within a HPA for persons diagnosed with cancer;
- ❑ Multiply the number of cancer cases for each HPA by 1.5 to accommodate for non-oncology patients and for follow-up scans for oncology patients;
- ❑ Calculate the number of needed units by dividing the number of individuals who might receive scanning services by 1,500, the optimal utilization of a unit;
- ❑ Determine the net numerical unmet need for PET scan units by subtracting the total number of units currently existing or approved for use from the number of needed units.

Ms. Hepburn said that the Department's vision during this process is to assure access, manage growth and ensure that services are linked services to appropriate follow-up care. Also, the proposed rules assure the provision of indigent and charity care and encourage regional development of services.

Clyde Reese mentioned that the proposed rules would follow the Administrative Procedures Act. Following approval from the Council, they will be forwarded to the Board of Community Health for posting for a 30-day public comment period. Both written and oral comments are encouraged during this time. Following this period, if there are no substantive changes the rules will be sent back to the Board for adoption. An additional 20-day period elapses before they become final. If significant changes were recommended during the public comment period, the rules would be sent back to the Board for reposting with changes. Mr. Reese noted that if the Board adopts the proposed rules, it would likely be around May/June 2002 before the Division could use them in the Certificate of Need review process.

Ms. Slade inquired about the rules under which current applications are reviewed. Mr. Reese noted that those applications that are currently under review would be reviewed under the Division's current General Consideration rules. He noted that if an application is pending at the time of adoption of the new rules, the application would be reviewed under the new service-specific rules.

James Peak inquired about the following two items in the proposed rules:

- DEFINITION OF MOBILE UNIT (PG. 1 OF THE PROPOSED PET RULES).

Mr. Peak was concerned about the use of the words "3 consecutive days per week". He noted that some facilities with a mobile unit would not be able to park their mobile unit on the hospital's grounds over the weekend, particularly if no weekend use is planned. This definition could be problematic for a facility. Edward J. Bonn recommended that the words "3 consecutive **operating** days" replace the current definition. Members unanimously agreed to this change.

- PAGE 3 #3)(I) OF THE PHRASE "RESEARCH, TREATMENT **AND** REGIONAL SERVICE CENTER"

Mr. Peak was concerned that the phrase "and" would require any applicant under this exception guideline meet all three criteria. He noted that at this time, it is not clear whether the Georgia Cancer Coalition will explicitly require facilities to fall into one specific category or will expect that any facility which receives support will meet all three criteria. Ms. Hepburn mentioned that in order for an applicant to apply to provide PET services under this exception, a written recommendation would have to be provided by the Georgia Cancer Coalition. The burden to decide whether an applicant meets all or a

portion of this definition would be placed on the Georgia Cancer Coalition. She further reminded members that a member of the Georgia Cancer Coalition was a member of the TAC and the Georgia Cancer Coalition's input was solicited throughout the drafting of these rules.

A motion to adopt the plan and rules with the recommendation that the words in the definition of mobile be changed to "3 consecutive operating days" was made by Clay Campbell, seconded by Evelyn Pugh. It received unanimous agreement. The Council agreed that no additional actions were needed to address Mr. Peak's concern about the Georgia Cancer Coalition.

RECONVENING OF THE HOME HEALTH TECHNICAL ADVISORY COMMITTEE

Mr. Campbell noted that he chaired the most recent Home Health Services TAC. This TAC put forth a new plan and set of rules that were adopted by the Health Strategies Council in February 2001. At the time of the plan development, members recommended that the same group be reconvened after one year to review any changing patterns in the industry, including reimbursement and utilization of services.

The TAC is expected to meet specifically to review the current regulatory framework and the impact of the new Medicare financing on the home health industry. The review would take place prior to the May meeting of the Health Strategies Council, to allow for a report from the TAC. Any specific revisions or corrections to the rules would result in proposed rule changes.

A motion to accept the reconvening of the Home Health Services TAC was made by Elizabeth Brock, seconded by Glenda Battle. Ms. Hepburn noted that any member of the Council who is interested in the home health industry is welcomed to attend this meeting.

APPOINTMENT OF SHORT-STAY HOSPITAL TECHNICAL ADVISORY COMMITTEE

Valerie Hepburn mentioned that the last Short Stay Hospital Component Plan was written in 1983. When this plan was written it assumed that there would be continued growth in inpatient services. Over twenty years, the health care delivery landscape has changed dramatically. The plan and rules require significant revisions to better reflect current health care practices and future system needs. James Peak has agreed to chair this committee. Kurt Stuenkel and Cathy Slade have also agreed to serve on this TAC. Additional TAC members will be selected through nominations from such associations as the Georgia Hospital Association and the Medical Association of Georgia. Other membership categories include persons to represent public and private payors, large public and private hospital systems, rural health care representatives, health care advocates, and policy and data researchers.

The earliest possible time that a plan or rules would be presented to the Health Strategies Council would be sometime in November 2002. The first meeting of this TAC is slated for March. The TAC is expected to convene for approximately 6 meetings. Each meeting should last approximately 3-4 hours. Because new members are not acquainted with the TAC's planning process, Dr. Rahn and Ms. Brock encouraged members to consider serving on the committee. Council members requested a copy of the current Short-Stay Hospital Component Plan.

A motion to accept the appointment of a Short-Stay Hospital Technical Advisory Committee was made by Ms. Elizabeth Brock and seconded by Clay Campbell. The motion carried unanimously.

UPDATE ON THE HEALTH CARE WORKFORCE POLICY ADVISORY COMMITTEE

Dr. Chuckie Hanson discussed the formation of the Health Care Workforce Policy Advisory Committee following the work of the Healthcare Workforce TAC that was established by the Health Strategies Council. The Workforce TAC was charged with considering short and long term solutions to the growing shortage of health care professionals, focusing on the fields of nursing, allied health and behavioral health.

The Workforce Policy Advisory Committee has analyzed such factors as education, recruitment and retention strategies, as well as job integration and emerging technologies in the assessment of the workforce. The Policy Advisory Committee intends to maximize the impact of the TAC's work by building on the work already done by other groups, states and the federal government.

The Workforce Policy Advisory Committee is chaired by Douglas Skelton, M.D., and meets every other month. There are four subcommittees that have been meeting on a regular basis, namely Data and Forecasting, Educational Programming and Financing, Workplace Environment and Improved Productivity and Marketing and Public Relations. Ms. Hanson reported that the Governor has recommended \$587,000 for Workforce Initiatives such as recruitment and retention projects and data system design and operations. The governor has also recommended \$1.5 million for the Board of Regents to develop innovative educational programs through the ICAPP Program. The Workforce committee has presented two significant pieces of legislation one would require regular surveys of health care professionals; the other would require Georgia to participate in a multi-state compact for nursing licensure. It seem unlikely that the latter piece of legislation will move forward during this legislative session.

Ms. Hanson also commented about several projects that are underway, including:

- ❑ Annual research project which will focus on best practices in educational settings to allow for replication;
- ❑ Design of the integrated supply and demand database and forecasting system with the Department of Labor, Board of Regents, Dept. of Technical and Adult Education, Licensing Boards, Dept. of Community Health and other key data sources;
- ❑ Effort to design a workplace management model to incentivize shared governance and other organizational practices that improve worker satisfaction and productivity;
- ❑ Youth recruitment and mid-career recruitment efforts;
- ❑ Marketing models being replicated from other states and national organizations;
- ❑ Massive expansion of service cancelable loan programs at the state level and linkage with education financing programs at the national level.

Katie Foster inquired about some of the other caregivers in the healthcare system outside of nurses and physicians. Dr. Hanson indicated, that while these professionals are all very important in the planning for the needs of the citizens of the state, the Policy Advisory Committee will only focus on the need for licensed professionals.

APPOINTMENT OF AD HOC COMMITTEE ON ORGANZATIONAL ISSUES AND BYLAWS

Dr. Rahn called on Ms. Hepburn. Ms. Hepburn mentioned that with the exception of changes necessitated by statute, the bylaws of the Health Strategies Council have not been updated in many years. Given the new departmental structure, the new strategies for health planning and service delivery, and the new membership of the Council, it is an appropriate time to review the bylaws and other organizational matters to provide a firm foundation for the work of the Council. Members would be charged with reviewing the current bylaws and any other organizational issues (e.g., officers, meeting times, meeting locations, records management, etc.) and providing recommendations for changes to the Chairman and the Council for action at the next regularly scheduled meeting (May 2002).

The following persons volunteered to serve on this Ad Hoc Committee:

Elizabeth Brock, Chair	Raymond Sale, Jr.
Dr. Charlene Hanson	David Bedell
W. Clay Campbell	Tary Brown
Katie Foster	

DISCUSSION OF TENTATIVE MEETING DATES FOR 2002

The Council meets quarterly. Because one of the regularly scheduled meeting dates conflicts with the meeting of the Georgia Hospital Association, two other dates were offered. Members agreed that Friday, May 31, 2002 from 11:00 am – 1:00 pm would be convenient. Other meetings are scheduled for Friday, August 16th and Friday, November 15th.

OTHER BUSINESS

No additional business was brought before the Council.

There being no further business, the Council adjourned at 2:25 p.m. Minutes taken on behalf of Chair by Stephanie Taylor and Valerie Hepburn.

Respectfully Submitted,

Daniel W. Rahn, M.D., Chair